

PAIN DIARY

Use this pain diary and pain rating scale to record your pain.

(You may want to photocopy this sheet before writing on it.)

0	1	2	3	4	5	6	7	8	9	10
No pain									Worst pain imaginable	

[illegible]

Doctor's Name _____

Address _____

Phone _____

Nurse's Name _____

Address _____

Phone _____

Pharmacist's Name _____

Address _____

Phone _____

Other _____

Address _____

Phone _____

Questions to Ask _____
